FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$45612

(6)

SERF TRUCKING, INC.

Principal Place of Business

Mailing Address

FILED Jun 17 1997 8:00am Secretary of State



450 17TH STREET. N.W. NAPLES FL 33964				450 17TH STREET, N.W. Naples Fl 34120-1924													
									3.	04/11/1991 04/1					te of Last Report		
2. Principal Place of Business				2a. Mailing Address					4.		El Number	<u>-</u>		-		oplied For	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.								65-0252592			40	-	ot Applicable Additional
22				27						5.	i. (Certificate of Status Desired					equired
City & State				City & State						6.	. E	lection Campaign Financing	9		\$5	5.00	May Be
23	Country			28							_	rust Fund Contribution					to Fees
Zip 24		25	,	Zip Cour 30			Country	Offiry			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No						
	ed Agent	130	<u>'</u>			10.		Name and Address of New									
RIVERON, SERAFIN, JR.									Name						. .		
450 17TH ST. N.W.							82	+	Street Ad	dress (I	P.C	D. Box Number is Not Acces	otable	·)			
NAPLES FL 33964								L						,			
							83										
							84	(City					FL	85	Zip (Code
11. Pursuant	to the provis	ions of Sections 607	7.0502 an	d 607.	1508, Florida	Stalutes.	the abov	L e-r	named co	progratic	on.	submits this statement for the	ne pur	nose of	chand	aina it	s registered
l office or r	registered ac	ent, or both, in the lith, and accept the c	State of F	lorida -	Such change	e was auto	norized bi	v tř	he corpor	ation's	bo	ard of directors. I hereby ac	cept	the appo	ointme	int as	registered
SIGNATURE				,													
	Signature, typed	or printed name of register				(NOTE: B		on!	signature rec					DATE			
12.	D	OFFICER	S AND DI	RECTO	DRS DELE	Tr -	13.		·		ΑE	ODITIONS/CHANGES TO OF	FICE	RS AND			
TITLE NAME		, SERAFIN, JR.			[] DELE	IE.	1.1 TITLE								[] Ch	ange	Addition
STREET ADDRESS		, SERVIN, SK. I ST. N.W.					1.2 NAME 1.3 STREET		ADDECC.								
CITY-ST-ZIP	NAPLES						1.4 CHY-S		1								
TITLE	D	<u>-</u>		***	☐ DELE	TE	2.1 THLE	<i>,</i> ,					-		☐ Cñ	ange	Addition
NAME	RIVERON	, ZULINA					2.2 NAME									•	
STREET ADDRESS	450 17TH	ST. N.W.					2.3 STREET	CA 1	DRESS								
CITY-ST-ZIP	NAPLES I	FL					2. 4 CITY-	S 1-	ZIP								
TITLE					☐ DELE	TE	3.1 TITLE								☐ Ch	ange	☐ Addition
NAME							3.2 NAME										İ
STREET ADDRESS							3.3 STREET										
CITY-ST-ZIP TITLE					DELE	TE	3.4. CITY-:	SI-	ZIP						T 06		Addition
NAME					L Dett	12	4.1 TITLE 4.2 NAME								L} Chi	ange	Addition
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CITY-ST-ZIP							4.4 GITY - S		- 1								
TITLE					DELE	TE	5.1 TITLE		-						☐ Cha	ange	Addition
NAME							5.2 NAME										
STREET ADDRESS							53 STREFT	AD	DRESS								
CITY-ST-ZIP							5.4 CHY-S	3T - Z	7IP								
TITLE					☐ DELE	1E	61 TITLE								Chi	ange	Addition
NAME	}						62 NAME										
STREET ADDRESS								ET ADDRESS									
CITY-ST-ZIP	<u> </u>						6.4 City - S	T - Z	ZIP								

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.